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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Turkey

The Executive Director recommends that the Executive Board approve the country programme of Turkey for the period 1991 to 1995 in the amount of $10,000,000 from general resources, subject to the availability of funds, and $13,945,000 in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
The situation of children and women	3
Programme cooperation, 1988-1990	5
Recommended programme cooperation, 1991-1995	8

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

READEX FICHE

CONTENTS (continued)

List of tables

Page

1. Basic statistics on children and women 15

2. Expenditure under previous cooperation period, 1988-1990 17

3. Planned expenditure, 1991-1995 18

4. Staffing from budget and programme funds 19

THE SITUATION OF CHILDREN AND WOMEN

1. Turkey is self-sufficient in agricultural products and its industrialization policy is reflected in the increasing contribution of the industrial sector to the gross domestic product (GDP). Total GDP per capita was estimated at $1,296 in 1989. Over the past four years, the growth of GDP slowed from 8 per cent in 1986 to 1.7 per cent in 1989, and inflation has averaged approximately 70 per cent annually. The external debt now stands at $41 billion. Income distribution remains uneven, with 20 per cent of the population receiving 11 per cent of total income at the lowest end of the scale, while the 20 per cent at the highest end of the scale receive 55 per cent of total income. About 70 per cent of household income goes to food and clothing, while only 8 per cent goes to education. Based on 1989 figures, unemployment is still high at 10.4 per cent. The socially detrimental aspects of adjustment have been redressed in recent years and the health and education sectors received 21 per cent of the total budget for 1990.

2. Total population, estimated at 57 million in 1990, is growing at an average rate of 2.3 per cent per year. Approximately 7.4 million are children under the age of five years, with 52 per cent of the population living in urban settlements of 20,000 inhabitants or more. Extensive internal migration in the last two decades, mainly from the north and east, has resulted in the creation of large urban agglomerations, mostly in the western, southern and central regions. This explosion of urban centres has caused serious shortages in housing, social services and job opportunities. The major cities (Istanbul, Ankara, Izmir, Konya and Adana) have been the targets of the waves of immigration.

3. The salient feature of immigration has been the growth of gecekondus, or squatter settlements, that spring up on the fringes of major cities to house rural migrants. They are urban enclaves of underdevelopment where ignorance of basic health care practices exacerbates the diseases of poverty. In these areas, more than 6 million people live in overcrowded dwellings, most of which lack water and sanitary facilities. Infant and child mortality rates in these areas are close to those prevailing in rural areas. Primary health care (PHC) facilities are inadequate and often overcrowded, with one unit serving from 20,000 to 100,000 people.

4. Turkey comprises five geographical regions that are divided administratively into 73 provinces. The western region is the most developed and has the energy and vitality of a successful modern economy. The eastern and southern regions are less prosperous and lack social services. The 31 "priority provinces", as identified by the State Planning Organization, are located mostly in the eastern and south-eastern regions. The socio-economic and quality of life indicators for these provinces fall below those for the rest of the country. Specific long-term development programmes have been implemented since the mid-1970s in the seven provinces covered by the South-East Anatoliyan Project, but the lack of an adequate infrastructure, reduced access to basic services and high unemployment continue to predominate in the region. Similarly, the reduction of infant and child morbidity and

mortality has been slower than in the rest of the country. Figures based on the 1985 census indicate the extent of the disparity between the eastern and southern provinces of Turkey and the rest of the country. For example, per capita gross national product for all of Turkey was set at $1,121 in 1985, but it was only $473 in the eastern and southern provinces; and while the fertility rate was 4.6 nationally, it was 8.5 in these provinces.

5. The most acute child health problem in Turkey remains high infant and young child mortality, but the 1990 estimate of 60 per 1,000 live births, set by the State Planning Organization, is significantly lower than the 70 per 1,000 estimated by the United Nations Population Division for the same year. The infant mortality rate (IMR) includes a 45 per cent neonatal component, with significant disparities between the predominantly rural and economically depressed eastern regions to the predominantly urban and industrialized western regions, i.e. from 32 per 1,000 live births in urban Aydin to over 100 per 1,000 in rural Bingol. Maternal mortality, estimated at 133 per 100,000 live births, is presumed to follow a similar pattern.

6. The number of children dying before the age of five years in 1990 was estimated at 120,000. One of every four deaths occurred in 18 of the "priority provinces". The causes of infant and child mortality are: (a) pneumonia, accounting for 20 to 30 per cent of deaths; (b) diarrhoeal diseases (6 to 15 per cent); (c) malnutrition (9 per cent); and (d) perinatal causes (26 per cent). It is estimated that due to pneumonia and diarrhoea, respectively, there are over 30,000 and 10,000 child deaths annually.

7. About 60 per cent of all births take place in health institutions and, of this number, an estimated two thirds are normal. While over 75 per cent of all births are attended by a health worker, about 12 per cent of deliveries in western provinces and 42 per cent in the eastern regions occur with untrained persons, such as relatives or neighbours, in attendance.

8. Data on regional variations in maternal mortality are unavailable, but maternal deaths in hospitals averaged 103 per 100,000 during the period 1982-1988. Of those deaths, 19 per cent were due to toxaemia, 11 per cent to haemorrhage and 12 per cent were attributed to other complications. All other causes accounted for the remaining 58 per cent. It is likely that hospital data underestimate maternal mortality in Turkey since the referral of high-risk cases is almost non-existent. A 1988 survey found that 57 per cent of women received no antenatal care. This figure was 73 per cent in rural areas, where higher parity and early marriages increase the risks to women's health.

9. The provision of access to safe drinking water to settlements nation wide is a priority for the water supply authority. The poor design and construction of water supply systems in the past have resulted in multiple leaks and pressure failures. Water contamination and frequent interruptions to domestic water supplies are common even in major cities, and piped water is available to a very limited number of houses in rural communities. Most rural communities continue to depend on village stand-pipes and fountains, or use

contaminated wells, springs and streams. Since 1985, 95 per cent of the population in urban areas and 63 per cent in rural areas have access to safe drinking water. No coverage data on access to adequate sanitation are available, and although sanitary conditions in rural and peri-urban areas continue to be inadequate, some progress has been made.

10. The primary school enrolment rate, as of 1989, was 93 per cent. Of total enrolment, girls account for 47 per cent. About 54 per cent of enrolled boys and 47 per cent of enrolled girls complete primary education. Gender and regional differentials in literacy are further major problems that affect the quality of life of children. The official literacy rate is high at 90 per cent, but considering "forgotten" literacy for lack of follow-up, a few years later, the figure is lower, especially for women, whose national average is 84 per cent, with wide regional variations.

PROGRAMME COOPERATION, 1988-1990

11. The 1988-1990 programme cycle was a transitional period for planning in order to synchronize future UNICEF cooperation with the country's Sixth Five-Year National Development Plan for 1990-1994. This transition also enabled the country programme to incorporate the goals and strategies for children in the 1990s, the recommendations of the World Conference on Education for All and the World Summit for Children Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s, as well as changes in the UNICEF planning level for Turkey.

12. The 1988-1990 programme of cooperation focused on assisting the Government to consolidate progress in child survival and development (CSD), with special focus on improving programmes for immunization, the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI), and for strengthening other maternal and child health (MCH) services. The 1988-1990 period also led to the initiation of specific strategies for the most disadvantaged provinces and poor urban neighbourhoods. Advocacy and social mobilization for children have enhanced programme implementation during this period, and literacy for girls and women has been an area of special emphasis.

13. The creation of the Turkish Intersectoral Committee for Child Survival and Development (TICCSD) in December 1989, under the chairmanship of the Under-Secretary of Health, and with the membership of the Under-Secretaries of the Interior and of Education, has been of enormous importance in ensuring the participation of all programme partners. It has also facilitated timely decision-making for programme planning and implementation.

14. During the reporting period, universal child immunization coverage was 80 per cent for combined diphtheria/pertussis/tetanus vaccine and three doses of oral polio vaccine, 74 per cent for measles and 64 per cent for the anti-tuberculosis vaccine. The immunization programme is now integrated into the routine health services and is complemented by mobile teams. Outreach

capacities have been strengthened by the provision of 2,700 vaccine carriers for use by midwives and 400 refrigerators for under-equipped health centres. A computerized system installed in the Ministry of Health has strengthened government monitoring capacity, and coverage surveys carried out in each province have confirmed the reliability of the routine reporting system. A cold-chain evaluation undertaken in 1988 with the World Health Organization (WHO) found the system to be both efficient and effective. Staff training was given priority attention during the programme period. Three seminars were conducted in 1989 and six regional workshops were held between June and July 1990.

15. There was significant progress in CDD programmes during the reporting period and packets of oral rehydration salts (ORS) were distributed free of charge through health services and pharmacies. The mass media has been used extensively to promote the correct home management of diarrhoea. A 1988 national survey found that only 6 per cent of mothers stopped breast-feeding when their children had diarrhoea, and that 44 per cent of dehydration cases among children were treated with either ORS or homemade fluids. Access to ORS has increased from 75 per cent in 1988 to 95 per cent in 1990 and ORS packets are now available in all health posts across the country.

16. Primary school inspectors have become involved in monitoring public knowledge of basic facts for CSD, thereby adding a new intersectoral dimension to the programme. The in-service training of doctors, midwives and other PHC personnel was reoriented to focus on diarrhoeal disease management, sanitation, personal hygiene and food safety. Some 80 per cent of PHC personnel have received training. To expand the use of ORS and homemade rehydration fluids, treatment and training units have been established in each province, at the state hospitals, during the season when children are most prone to diarrhoea, but most of these units have yet to function effectively. Oral rehydration therapy (ORT) corners have also been established at all health centres and health posts.

17. The programme for the control of ARI has been more limited in scope since case management is dependent on the availability of physicians. The programme has been implemented in 18 of the least developed provinces where access to health services is limited, especially in winter. Although there is no change for the treatment of children with ARI, reports from the provinces indicate that only 30 to 45 per cent of the drugs for ARI have been used and, within the programme sites, public demand for services lags behind supply. Based on reports from the Ministry of Health, only 3.5 per cent of children under five years old have been reached annually. One factor that has limited the dissemination of information and services to the community is the weak role of midwives in the health services delivery system.

18. Research studies and reviews have been carried out for the ARI programme and the findings have been crucial for programme revisions and for designing programmes for the new cooperation cycle. Research has included experimenting with benzathine penicillin to treat pneumonia since it has the advantage of being a one-shot treatment compared with penicillin procaine, which must be

taken over five consecutive days. A study of community knowledge and attitudes concerning ARI highlighted the need for effective community education about pneumonia.

19. A total of 3.4 million posters, booklets and manuals were printed and distributed for use in training, education and awareness-raising among health professionals, paraprofessionals and the public. Ten television spots were broadcast periodically and video cassettes were prepared for use in training doctors and midwives in CDD and ARI case management.

20. In the priority provinces, the Governors of the provinces of Bayburt and Sanliurfa were briefed, and supplies for health, education and sanitation were procured, but the impact of their utilization will not be felt immediately. Initial work for the creation or reactivation of community institutions has been accomplished and dialogue between the staff of health centres and community leaders has been initiated.

21. During the later part of the period (1988-1990), Turkey undertook preparatory work for and attended the World Conference on Education for All. These activities paved the way for joint planning in basic education between UNICEF and the Ministry of Education, and this cooperation should permit the proposed education programme for 1991-1995 to be implemented smoothly.

22. In the Ahatli urban gecekondu, communal groups have been organized, and UNICEF equipment and materials have been supplied to help consolidate handicraft production activities. Under the guidance of social workers and in cooperation with non-formal education training centres, women have organized home-based training workshops in carpet weaving and other income-generating activities.

23. Turkey became a signatory to the Convention on the Rights of the Child in 1990 after a period of sustained advocacy undertaken at all levels, including the Office of the President, the Ministry of Foreign Affairs and the Parliament, and further efforts with the Government, Parliament and leaders of political parties are under way to prepare Turkey to become a State party to the Convention.

Lessons learned

24. The tripartite assessment of the child health programme undertaken by the Government of Turkey, the Government of Germany and UNICEF in November 1989, provided insight into CDD and ARI programmes. This assessment, including the views of beneficiaries on the impact of these activities, was an important component of the preparations for the new cooperation cycle.

25. The country programme review held in March 1990 recognized that the unsatisfactory health situation in remote provinces is due to the shortage and high turnover of midwives and doctors serving these provinces. These underserved areas were, therefore, identified as requiring special attention with regard to implementation, including the cooperation of the municipalities and community members.

26. The problems of the peri-urban areas have been singled out as requiring priority attention in the future. The review emphasized that current experiences should contribute to the development of a model for solving problems, including a more effective distribution of personnel and a better use of auxiliary personnel. The full support of other sectors should be sought by enlisting the support of governors, mayors, NGOs and professional groups.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $10,000,000
Supplementary funds: $13,945,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 150	3 650	5 800
Education	2 250	3 195	5 445
Communication and support for status and development of women	1 300	1 830	3 130
Area-based services for children and mothers in priority provinces	2 000	3 570	5 570
Services for children in peri-urban gecekondus	1 000	1 700	2 700
Advocacy and planning for children	1 300	-	1 300
Total	10 000	13 945	23 945

a/ The breakdown of estimated annual expenditures is given in table 3 below.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

The programming process

27. The year 1990 was marked by intensive planning for the new programme of cooperation. A turning-point in the preparatory process was the creation of TICCSD, under whose aegis, a mid-term review, strategy formulation and situation analysis were carried out.

28. Six national programmes comprising 35 projects covering health, education, communication and support for women and development, area-based development for peri-urban areas and priority provinces and planning and advocacy for children were developed jointly with the Government.

29. The country's Sixth Five-Year National Plan aims to enhance the welfare of people by promoting and expanding cultural, economic and social development measures. To enhance the development of children and women, the plan focuses on improving health services, access to education, the well-being of the family, the status of women and employment opportunities in sectors other than agriculture. The fight against child abuse and neglect is also a new area of attention for the new programme of cooperation.

30. Major global and national events have guided the preparation of the new programme, providing insight and strategic orientation. At the national level, major child-related events included the Turkish Congress for Children's Policies in the 1990s (May 1989) and the publication of the Sixth National Development Plan (1990-1994). The new programme of cooperation has linked its objectives to overall national development goals.

31. The 1991-1995 programme of cooperation between the Government of Turkey and UNICEF aims to: (a) reduce IMR and the under-five mortality rate to 30 per 1,000 live births and 40 per 1,000, respectively, by the year 2000; (b) reduce the maternal mortality rate to less than 85 per 100,000 live births; (c) improve child-rearing practices; (d) increase concern for sound environmental practices; (e) improve and expand basic education; (f) promote women as important protagonists in the development process and; (g) provide basic services for children in selected priority provinces and peri-urban areas in order to bring the social indicators of underserved areas in line with the national average.

Health

32. The new programme of cooperation will include the following six projects:

(a) The expanded programme on immunization, which is intended to sustain immunization coverage at 95 per cent for all antigens, support the eradication of polio and the elimination of measles and neonatal tetanus, strengthen surveillance systems and develop educational materials for health personnel. UNICEF will support the supply of vaccines and equipment for maintaining the cold chain, the collection of data, the training of health personnel and the development of training materials and educational messages;

(b) CDD and ARI projects, which aim to increase access to ORS from 56 to 70 per cent in selected provinces, teach 75 per cent of mothers about ORT, promote understanding of the importance of breast-feeding and ensure intersectoral cooperation on environmental sanitation and the provision of safe water. The project for the control of ARI will ensure that 60 per cent of the population have access to effective treatment and that 80 per cent of families are aware of the signs of pneumonia and know when and where to seek treatment. Training programmes for 75 per cent of health personnel at the first referral level will also be developed. UNICEF will support epidemiological surveys and knowledge, attitude and practice (KAP) studies related to pneumonia and CDD. Guidelines for treating ARI and for establishing ORT corners in hospitals will be developed. Programme monitoring, the training of health personnel logistical planning and the production of educational materials will also be supported;

(c) The programme to promote safe motherhood and improve the care of newborn infants aims to reduce perinatal and neonatal deaths by 40 per cent, using the provincial average as the baseline, and to reduce maternal mortality by 50 per cent. The programme also aims to ensure that 80 per cent of pregnant women have access to nutrition education and that all births are assisted by trained personnel. Care procedures for women at risk, including transportation to the nearest maternity facility, are included in this project. Family planning counselling will also be provided, and pregnant women will receive iron/folate supplements to combat anaemia. UNICEF will provide supplies and equipment, support monitoring and evaluation and provide technical assistance for the implementation of the above-mentioned activities;

(d) The child growth and nutrition project will assess trends in infant and child nutrition and growth monitoring, and will use this information as a basis for developing educational messages to promote breast-feeding, proper weaning and correct nutritional practices. This project aims to ensure that 75 per cent of all pregnant women are knowledgeable in these areas. The project also aims to ensure that 50 per cent of health personnel include growth monitoring in their regular activities;

(e) The basic treatment at primary level project aims at reducing the cycle of infection and malnutrition among children by educating families about the importance of early interventions and by providing low-cost services at the first referral level in selected provinces. This project will reduce overcrowding in hospital polyclinics, make essential drugs available at the first referral level and enhance services at this level so that 50 per cent of the population will receive services at the first referral level rather than at the secondary level. UNICEF will support epidemiological studies and surveys on drug utilization patterns in order to develop a model list for essential drugs and guidelines for the use of drugs in treating prevalant diseases. The provision of supplies, training, monitoring and evaluation are components of this programme and UNICEF will support the production of a drug bulletin for health personnel;

(f) The child PHC care project will focus on strengthening the health system at the first referral level through the training of village volunteers and community health personnel, monitoring MCH services and improved coordination among Ministry of Health units and between midwives and communities. This project also aims to improve midwifery training at health vocational schools by strengthening the public health and MCH components of the curricula. Medical schools will emphasize the importance of communication among doctors, other health personnel and communities as a means of improving health services delivery. UNICEF will support the establishment of an MCH committee, the computerization of recording and reporting procedures, the strengthening of surveillance systems, curriculum improvement for medical schools and training institutions for other health personnel, the establishment of a network of village volunteers, training and the development of training materials.

33. The implementation of the basic health programme will be coordinated with WHO and the World Bank first health project, signed in August 1990, which focuses on safe motherhood, child nutrition and PHC.

Education

34. The principal aim of this programme is to improve the quality of primary education by identifying basic learning needs, designing alternative ways of meeting the identified needs and raising community awareness about the importance of education for girls and women as a major factor in development. The decision of the Government to expand the programme will improve adult literacy, particularly among women, and provide formal and non-formal education for girls.

35. The universalization of primary education project will focus on the eastern and south-eastern regions of Turkey and will be geared to reach 80 per cent of the target population. The project will stress the importance of educating girls, and in the six provinces with the lowest school enrolment for girls, the project will attempt to achieve equal access for girls at all levels of education. UNICEF will support curriculum development, in-service teacher training and the integration of Facts for Life messages into school programmes. The school and environment project attempts to raise children's awareness of environmental issues through leadership training and participatory activities for improving school sanitation and developing school gardens.

36. The project for the education of agricultural migrant workers' children will focus on the Cukurova region, and will reach 24 per cent of the target population. The project will attempt to assess the basic learning needs of the children of migrant workers, who are among the most deprived, and will ensure that primary school opportunities are available to them. It will use the child-to-child strategy to make primary school children effective communicators of basic health and child development messages targeted to their parents and younger siblings. Assistance will also be provided to children with hearing and visual disabilities. Interventions will be geared to develop

early detection systems and to ensure that the children who need them gain access to rehabilitation aids.

37. The early childhood development and pre-school project will promote community and family-based cost-effective models of child care. Advocacy to create public awareness of the importance of correct child-care practices will be undertaken in the eastern and south-eastern regions where the primary education project will be implemented.

38. The adult education and literacy project aims to meet the basic learning needs of adults, mainly women, in the eastern and south-eastern regions. The project aims to reach 70 per cent of the population between 14 and 44 years of age. It will promote needs assessment techniques and raise functional literacy by ensuring that girls and women attend literacy courses. Literacy materials will be produced and in-service training for teachers will be undertaken.

Communication and support for the status and development of women

39. The long-term sustainability of improvements in children's quality of life depends on the awareness and resourcefulness of their parents, primarily on their mothers and, by extension, on other child-care givers who are generally women. This has yet to be widely understood in the most underserved areas of Turkey and, consequently, the mass media will be used as channels to generate public debate on the role and status of women, and to raise public awareness on the links between national development and the status of women.

40. The programme aims to empower women by creating income-generating opportunities for them and by offering them training to improve their skills and marketing knowledge. Resources to help women achieve self-sufficiency will also be made available. The programme will strengthen linkages with other national and area-based initiatives that also address these issues. Linkages will also be strengthened with the World Food Programme project for rural women and the United Nations Population Fund project on community education in health and family planning.

41. A study will be undertaken to compile data on women in urban areas, including those living in the gecekondus of metropolitan centres. This information will be used to develop appropriate strategies for facilitating women's participation in community life, family interaction and decision-making and to help them adapt to the urban environment.

42. Another KAP study pertaining to child health will be undertaken to determine which communication channels can be used most effectively to inform and educate families on ways of improving the quality of their lives. The various institutions responsible for public education and social development will be encouraged to cooperate in the production of educational messages, and the personnel responsible for public education campaigns will be trained to improve their communication skills.

Area-based services for children and mothers in priority provinces

43. The priority provinces in the eastern and the south-eastern regions of the country are predominantly rural societies. Settlements range from a few households to full villages that are dispersed and have little access to established service delivery units. The families in these regions are predominantly poor and their level of education is low. Their life expectancy is below the national average and higher rates of infant and child morbidity and mortality predominate. Women and girls are particularly disadvantaged.

44. The objectives of the area-based programme are to support the development of the priority provinces in order to reduce the disparities between and within them. The programme seeks to bring the social indicators of selected priority provinces up to the national level. It also aims to reduce IMR to 50 per 1,000; to ensure that women have access to at least four pre-natal consultations during pregnancy; to ensure hygienic delivery for 80 per cent of pregnant women; and to increase literacy among women and girls to 70 per cent and retain 75 per cent of girls in school. The programme also seeks to create demand for services and to mobilize community resources in order to sustain services. Interventions will focus on serving the most remote and deprived settlements and will be based on community participation.

45. The programme will be implemented in the eight priority provinces of Sanliurfa, Diyarbakir and Adiyaman in the south-east region; Kare, Agri and Bingol in the eastern region; and Bayburt and Sinop in the north of the country. Programme preparation has been undertaken in close collaboration with the central Government and with local authorities at provincial, municipal and village levels.

46. The various programme components in each province aim to improve the effectiveness of existing health services; to create a sustainable funding base for preventive health care; to develop volunteer community health workers and promote environmental sanitation; to increase demand for formal and non-formal education; to adapt mobile teachers/schools to reach smaller settlements; to provide integrated basic skills and knowledge about health, nutrition, clean water and sanitation to children; to reduce drop-out rates by establishing a closer school-community partnership; to develop forms of community-based early childhood education; to activate community leaders; to promote community and women's groups; and to monitor the situation of the child.

47. The total population in the provinces covered by the programme is approximately 4.5 million. All projects will focus on serving children in the 0 to 14 year age-group and women aged 15 to 44 years. In the less populated provinces of Bayburt and Bingol, the programme aims at reaching 100 per cent of the population, while in the more populated provinces, selected districts will be covered in a phased manner.

Services for children in peri-urban gecekondus

48. The programme aims to upgrade the quality of life for women and children living in gecekondus. Appropriate models for participatory community development will be tested in the gecekondus where the programme will be implemented. A project in Antalya-Ahatli, undertaken jointly by the Government of Turkey and UNICEF, is the model for this urban basic services project which will provide MCH services, address environmental issues, improve access to education and offer women income-generating opportunities. Gecekondus in Ankara, Saliurfa, Adana, and Istanbul will be upgraded, and the projects will be directed by the governors of the respective provinces.

49. The project in Antalya-Ahatli will continue until 1994, gradually increasing its coverage from an initial 45,000 people. A second project will be launched in Ankara (Sentepe, Mamak) in 1991, initially covering 70,000 people. A gecekondu neighbourhood in Sanliurfa will be included in the programme in 1992, covering a population of 50,000 initially. Adana (Cumhuriyet) and Istanbul (Sultan[illegible]rtligi) will follow in 1993, starting with a coverage of 100,000. The programme will gradually increase its coverage in a phased manner over the five years. At the national level, a project to strengthen the information base on gecekondus will be undertaken, and information on experiences in these settlements will serve as the basis of advocacy on the needs of people living in the marginal urban areas. Approximately 100 city mayors and governors and health directors will be the target audience for this latter activity.

Advocacy and planning for children

50. The principle of "children first" is to be the basis of the advocacy and planning for children programme to be undertaken as a follow-up to the World Summit for Children. The programme aims to ensure that programmes for children receive sustained priority in national development plans and that national and regional authorities enhance their capacity to plan, implement and evaluate programmes for children.

51. The advocacy and planning for children programme will also strengthen the managerial coordination and sustainability of the new programme of cooperation, and will enhance the possibilities for achieving the objectives of the UNICEF programme of cooperation with the Government of Turkey. This programme will promote public awareness of the needs of children on a national scale and will collect and disseminate reliable data on the situation of children. Decision makers will be a primary target group for information, and the feedback from monitoring and evaluation activities will allow for sound decision-making on an ongoing basis. This programme will also serve as a mechanism for cooperation with NGOs and for fostering greater inter-agency cooperation on activities related to women and children. It will also be the channel for strengthening the Children's Intersectoral Board, previously known as TICCSD.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Turkey (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	90	(1989)
Infant mortality rate	73	(1989)
GNP per capita	$ 1280	(1988)
Total population	55 million	(1989)

High U5MR
High IMR
Lower-middle GNP

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	1298	1387	1507	1558
Infant deaths (under 1)	(thousands)	190	154	134	114
Under-five deaths	(thousands)	238	193	158	140
Under-five mortality rate (per 1,000 live births)		183	139	105	90
Infant mortality rate (under 1) (per 1,000 live births)		146	111	89	73

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1985)	Moderate & severe	..	12*
	Severe	..	1*
Babies with low birth weight (%, 1980/1983)		8	7*
Children completing primary level (% of first grade, 1980/1986)		85*	96

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1983)	99*/ 91*/ 51*	98*/ 72*/ 63*
Prevalence of wasting (%, 1980/1985)	..	..
Prevalence of stunting (%, 1980/1985)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	124	125
Food production per capita index (Index 1979-1981=100, 1980/1989)	100	92
Household expenditure (% of total income, 1980-1985) All food/cereals		40/ 8

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			..
Access to health services	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	../..
Access to safe water	Total	..	78
(% of population, 1980/1987)	Urban/rural	../..	95/63
Access to adequate sanitation	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	../..
Births attended by trained personnel (%, 1979/1988)		50	77*
Maternal mortality rate (per 100,000 live births, 1979/1986)		..	210

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	42	45	64	64
	DPT	64	55	77	79
	Polio	69	55	77	79
	Measles	52	61	65	71
Pregnant women (%) immunized against	Tetanus	..	4	7	15

TABLE 1 (continued)

Turkey

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1987)	Total	97/ ..	117/ 89*
	Male	103/ ..	121/ 91*
	Female	92/ ..	113/ 86*
Secondary enrolment ratio (gross/net) (%, 1980/1987)	Total	../ ..	46/ 29*
	Male	../ ..	57/ 36*
	Female	../ ..	34/ 20*
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	52	76
	Male/female	69/ 34	88/ 64
Radio/television sets (per 1,000 population, 1980/1988)		../159	161/172

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	35.3	44.4	50.3	54.8	66.8
Population aged 0-15 years	(millions)	..	18.5	19.5	20.3	22.4
Population aged 0-4 years	(millions)	..	6.0	6.5	7.0	7.2
Urban population (% of total)		38	44	52	60	74
Life expectancy at birth (years)	Total	56	61	63	65	69
	Male	55	59	61	63	67
	Female	58	63	65	67	71
Total fertility rate		5.3	4.3	3.9	3.6	2.6
Crude birth rate (per 1,000 population)		37	32	30	29	21
Crude death rate (per 1,000 population)		13	10	9	8	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1988)		44	77*
Population annual growth rate (%, 1965-1980/1980-1989)	Total	2.4	2.3
	Urban	4.3	5.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		3.6	3.0
Inflation rate (%, 1965-1980/1980-1988)		21	39
Population in absolute poverty (%, 1977/1987)	Urban/rural	../ ..	.. /..
Household income share (%, 1973/1987)	Top 20%/bottom 40%	57/ 12	55*/11*
Government expenditure (% of total expenditure, 1980/1988)	Health/education	4/ 14	2 /13
	Defence	15	10
Household expenditure (% of total income, 1987)	Health/education		3*/..
Official development assistance: (1980/1988)	$US millions	952	286
	As % of GNP	2	0
Debt service (% of goods & services exports, 1980/1988)		18	31

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1990

(In thousands of United States dollars)

COUNTRY: TURKEY
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $1,800,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	592	2067	44	53	389	329	203	148	1228	2597	3825
Nutrition	12	34			2				14	34	48
Education	37		8	64	35	44	32	79	112	187	299
Community organization and development	7	9		4			8		15	13	28
Women-centred programme		16						2		18	18
Children in especially difficult circumstances							17		17		17
Advocacy	10	14		11	95	129	4	22	109	176	285
Planning and project support	56	42	9		125		285	76	475	118	593
Freight	299								299		299
GRAND TOTAL	1013	2182	61	132	646	502	549	327	2269	3143	5412

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: TURKEY Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	500	469	425	400	356	2150
	FSF	200					200
	NSF		820	1380	950	500	3650
Education	GR	475	350	350	600	475	2250
	FSF	55					55
	NSF		870	1115	900	310	3195
Communication & support for status & development of women	GR	404	245	222	230	199	1300
	FSF	70					70
	NSF		570	658	500	102	1830
Information, planning and management	GR	292	299	285	235	189	1300
Area-based services for children and mothers in the priority provinces	GR	170	340	593	400	497	2000
	FSF	430					430
	NSF		250	1250	1370	700	3570
Improving children's quality of life in Gecekondus (Peri-urban)	GR	159	297	125	135	284	1000
	FSF	300					300
	NSF		55	685	690	270	1700
TOTAL	GR	2000	2000	2000	2000	2000	10000
	FSF	1055					1055
	NSF		2565	5088	4410	1882	13945
GRAND TOTAL		3055	4565	7088	6410	3882	25000

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: TURKEY	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	1	250
Local national Professional and General Service established posts	5	400
Operating costs		357
Total	6	1007
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	1	226
Supplementary funds	1	226
Local national Professional and General Service project posts		
General resources	14	1046
Supplementary funds	1	55
Total	17	1553

a/ For information source, see 1992 post authorization table, dated January 1991.